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COUNTY BOROUGH OF ST. HELENS.



INSTITUTE OF SOCIAL
MEDICINE

10. PARKS ROAD,
OXFORD

Annual Report

of the

School Medical Officer

for

1948.

FRANK HAUXWELL, M.B., Ch.B., D.P.H.,

Medical Officer of Health
and School Medical Officer.

St. Helens:

WOOD, WESTWORTH & CO., LIMITED, PRINTERS AND STATIONERS,
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TO THE CHAIRMAN AND MEMBERS OF THE
ST. HELENS EDUCATION COMMITTEE.

Ladies and Gentlemen,

I submit my Annual Report as School Medical Officer for the year 1948.

During the year, despite staff changes, it was found possible to carry out the complete programme of Routine Medical and Dental Inspection of all age groups of children.

The incidence of defects among schoolchildren requiring treatment was found to be lower than in the previous year, and the nutritional condition of the children was also found to be satisfactory. It is also interesting to note that, following a strenuous campaign over many years, there was a decrease in the number of children with verminous infestation. The residual incidence of the latter, is, however, still too high and it may be necessary, in the future, to use compulsory powers of cleansing more extensively, whilst at the same time carrying out intensive propaganda amongst parents.

In the field of treatment services, there was, during the year, some continued restriction. Owing to the lack of trained personnel, the Speech Therapy Clinic and the Orthoptic Clinic remained closed during the year. With the present lack of trained personnel available throughout the country for these specialised services, it is feared that the provision of these very necessary treatments will have to remain in abeyance for some years to come. It is, however, satisfactory to record that the Child Guidance Clinic functioned during the year on a very satisfactory basis and much useful work was accomplished.

A notable event during 1948 was the coming into force of the National Health Service Act of 1946. The effect of this Act on the School Health Services is discussed in detail in the body of the report. It is sufficient to say here, however, that up to the present, the Act has not affected in any major way the treatment services supplied by the Education Authority's School Health Services and the administrative control of the latter still remains under the control of the Education Authority.

A noteworthy event during the year, also, was the opening of the Hurst Special School for the treatment of Educationally Sub-normal Children. The provision of a school of this type has been greatly needed in St. Helens for some years.

For much of the work done I am indebted to Dr. O'Brien, Deputy School Medical Officer, and to him and to other members of the staff, and to teachers and officials of the Education Department I would take this opportunity of expressing my appreciation of their ever willing and helpful assistance.

I am,

Ladies and Gentlemen,

Your obedient Servant,

FRANK HAUXWELL.

STATISTICAL REVIEW OF WORK OF THE SCHOOL MEDICAL SERVICE DURING THE YEAR 1948.

Children in Average Attendance at Primary and Secondary Schools.....	17,094
Total Examinations of School Children	16,827
Miscellaneous Examinations (Bursars, &c.).....	7
Minor Ailments treated	4,195
Visual Defects treated.....	1,178
Ear, Nose and Throat Defects treated	473
Children Inspected by School Dentists	17,112
Children treated by School Dentists	4,689
Total Attendances at all School Clinics	33,709
Examinations by Nurses for Cleanliness	48,739
Visits to Schools by Medical Officers	463
Visits to Schools by Nurses	3,841
Home Visits by Nurses	1,407
Total Attendances at Inspection Clinic	2,161

THE NATIONAL HEALTH SERVICE ACT, 1946.

The coming into operation of the National Health Service Act on 5th July, 1948, could not but have its effect during the year on the School Health Service. Although the provisions of the Act did not in any way alter the duty of the Local Authority to provide for the medical inspection of children in their schools, its wide provisions for medical treatment included types of specialised treatments which had been supplied for many years through the specialist treatment clinics of the Local Authority. Obvious examples of these were Ophthalmic, Ear, Nose and Throat, and Orthopaedic Clinics which had functioned for many years for the treatment of school children.

It appeared in the early stages to those inexperienced in the long years of building up specialised treatment services for school children that these services might now be replaced by the newly created or newly transferred agencies under the control of the Executive Councils or Regional Hospital Boards. More mature consideration, however, seemed to indicate that far from being superfluous or furnishing redundant treatment agencies, the existing treatment services of the local Education Authority served a very useful and necessary purpose. In particular their maturity of experience and administration in relation to the school child would be, if withdrawn, a great loss to the welfare of the child population. Further, in some instances, the specialised services of the Regional Hospital Board could not immediately provide comparable services to those existing for school children and supplied by the Local Authority.

On the advice of the Ministry of Education, Local Authorities were asked to open discussions with Regional Hospital Boards on the question of the provision of specialist treatment services in their area. In the case of St. Helens a full report of the discussions is given in the Appendix to this publication. The recommendations in the report were later approved and confirmed by the St. Helens Education Committee. It will be seen that whilst in some cases co-

operation and collaboration with services of the Executive Council or Regional Hospital Board was welcomed and accepted, the main administrative control remained in the hands of the Local Authority. The general position was also left open to review after a period of one year. In view of this latter provision it would be unwise to comment at length on the wisdom or otherwise of the transfer of Local Authority specialist treatment services to agencies under the National Health Service Act, lest it be thought that there is an attempt to prejudge any decision which still remains finally to be made. One factor, however, must be noted. Over a period of many years the work of the School Health Service was directed through its treatment agencies towards a policy of prevention of defects, or where defects did exist, the consideration of their adjustment or treatment in relation to the background of the child's educational life. This attitude was undoubtedly correct and was proved and tested in practice to be of the greatest benefit to the child.

It is to be sincerely hoped that this essential point of view will not be lost sight of or obscured in the general adjustment of existing treatment centres to work within the framework of the new National Health Treatment Services. Great care was taken by the School Health Service in the past to ensure essential priority in treatment and in follow-up adjustment in educational environment adapted to the child's particular defect. It is hoped that a similar advisory care on behalf of the school child will be exercised beyond the door of the hospital or the threshold of the out-patient clinic.

MEDICAL INSPECTION.

During the year 1948 there were under the control of the Education Committee 42 Primary and Secondary Schools with 80 departments. Particulars as to accommodation and attendances are as follows :—

Number of children for whom accommodation available	26,606
Average number of children on the roll during the year	18,705
Average number of children in attendance during the year	17,904
Percentage attendance for the year	91.4%

The following statement shows the number of examinations carried out by Medical Officers in Primary and Secondary Schools during 1948, and also shows the number of cases referred to Inspection Clinics following the inspections for further consultation and advice.

Routine examinations	4,578
Special examinations	5,255
Re-examinations	9,297
Attendances at Inspection Clinic	2,161

A Nutritional Survey of children in attendance at schools in the Borough was carried out during the year. The results are tabulated in Table VIII at the end of the Report.

FINDINGS OF MEDICAL INSPECTION

In the 4,578 children examined at Routine Medical Inspection during 1948, a total of 530 (11.57%) defects was found (other than uncleanness, defective clothing or footwear and dental defects) which required treatment, and 1,575 (34.4%) defects requiring to be kept under observation. The corresponding percentages for 1947 were 15.09% and 33.92% respectively.

There was, therefore, in 1948, a decrease in the general incidence of cases requiring treatment, but a very slight increase in the number of cases requiring observation. The decrease in the incidence of defects requiring treatment was in the category of defective vision and ear, nose and throat defects.

Since 1947, the new 3-category classification for the general condition of pupils inspected has replaced the former 4-category classification for the nutritional state of the children. Under this new classification, during 1948, the general condition of the children was found to be good in 20.58% of cases, as against 18.31% in 1947 ; fair in 74.18% of cases, as against 75.72% in 1947 ; and poor in 5.24%, as against 5.97% in 1947. The picture outlined by these comparative figures was, therefore, one of all-round improvement in the general condition of the children.

The percentage of children found at routine inspections with defective clothing was 0.74 in 1948. The percentage with defective footwear was 0.4 as compared with 0.1 in the previous year.

During 1948, there was a decrease in the incidence of verminous infestation in the schools. In all, a total of 48,739 examinations was made and the percentage of cases found infested was 7.47 as against 9.0 in the previous year. In no cases were compulsory powers used for cleansing but in many cases where parents failed to take satisfactory action, cleansing was carried out by consent at the Cleansing Centre at the Isolation Hospital, and 87 children were cleansed in this manner during the year. The number of cases of scabies found at all types of inspections during the year was 100, compared with 47 in the previous year. The premises at the Isolation Hospital, in which the Cleansing Station used by the Local Authority had formerly been situated were transferred, under the National Health Service Act, to the Regional Hospitals Board on the Appointed Day, i.e., 5th July, 1948. By agreement with the Regional Hospitals Board, however, the premises, although transferred, continued to be staffed by the Local Authority and were available for use as a Cleansing Station on a joint-user basis.

Re-examinations.

The following table gives the number of re-examinations carried out by Medical Officers during the year, and the results found at these re-examinations :—

Number of children re-examined	9,297
Total re-examinations.....	9,297
Number found remedied	1,222 (13.14%)
Number found improved	6,891 (74.14%)
Number found stationary	1,140 (12.26%)
Number found retrograde	44 (0.46%)

MEDICAL TREATMENT.

There was no curtailment of the range of treatment services during the year as compared with previous years. In some cases these services were extended, and are noted under the various sections dealing with specialised treatments.

Table IV gives in detail, and Table VII in summary, the treatment obtained for the various defects referred for treatment during the year.

Of the 7,765 medical defects discovered during routine and special inspections during the year, 7,085 (91.2%) were treated before the end of the year, and of 7,855 children referred for dental treatment 4,883 (62.2%) were treated during the same period.

Provision of Treatment.

The total number of defects treated at the various clinics during the past five years is shown in the following statement :—

	1944	1945	1946	1947	1948
Minor Ailments	2,762	2,438	3,037	3,489	4,195
Visual Defects	346	673	658	892	1,178
Defects of Ear, Nose and Throat	646	581	532	516	473
Dental Defects	3,262	3,203	4,392	3,487	4,689
Crippling Defects	589	341	339	411	516
Speech Defects	68	51	94	34	—
Other Defects	443	611	276	1,609	529
Total number of defects treated	7,916	7,898	9,328	10,438	11,580
Total attendances	41,826	39,621	36,060	38,369	47,584

There was an increase in the number of defects treated at the various clinics during the year as compared with 1947. In particular, there was an increase in the number of cases attending the Minor Ailments Clinics and in the number of cases of visual defects treated at the Ophthalmic Clinic. There was also a rise in the number of dental defects treated as compared with the previous year. This was made possible by the filling of a vacancy on the Dental Staff, bringing it to full complement, during the year.

At district minor ailments clinics, 2,472 children made 16,272 attendances during 1948, and at district dental clinics 1,049 children made 1,801 attendances.

The question of special provision for the requirements of handicapped children is dealt with under its appropriate heading in a later section of the Report.

Ophthalmic Clinic.

The arrangements at the Ophthalmic Clinic were little affected by the provisions of the National Health Service Act. School children continued to be examined and treated at the Ophthalmic Clinic and spectacles prescribed where necessary. After the coming into force of that Act, however, the provision of spectacles was by arrangement with the St. Helens Executive Council taken over by that authority.

The following table shows the work carried out at or in connection with the Ophthalmic Clinic during the year.

No. of cases of defective vision dealt with		
New cases	251	
Old cases	897	
		<hr/> 1148
No. of cases, other than defective vision, dealt with	31	
		<hr/>
Total cases		1179
		<hr/>
No. of cases refracted		
New cases	251	
Old cases	200	
		<hr/> 451
No. of cases for whom glasses prescribed		
New cases	188	
Old cases	372	
		<hr/> 560
No. of cases for whom glasses not prescribed		
New cases	60	
Old cases	508	
		<hr/> 568
No. of cases who did not complete treatment during the year		
New cases	3	
Old cases	17	
		<hr/> 20
No. of glasses supplied		
Prior to 5th July, 1948	371	
From 5th July, 1948	189	
		<hr/> 560
Operations performed	19	
Total number of attendances		1815

The operations referred to above were straightening operations performed for squint by the Consultant Surgeon in one of the local hospitals.

Orthoptic Clinic.

During 1948 the work of the Orthoptic Clinic was suspended due to the resignation of the Orthoptist. Unavailing attempts were made during the year to fill the vacancy.

EAR, NOSE AND THROAT CLINIC.

At the Ear, Nose and Throat Clinic 452 children attended for examination and treatment compared with 560 in the previous year. Attendances were 4,031 as against 4,091 in 1947. Weekly sessions were conducted by the Consultant Ear, Nose and Throat Surgeon, and daily dressings and intercurrent treatments continued to be carried out by the Ear, Nose and Throat Nurse.

Cases requiring operative treatment were operated on at other weekly sessions conducted by the Authority's Consultant Surgeon in the St. Helens Hospital.

The following operative treatments were carried out during the year :—

Removal of Tonsils and/or Adenoids	280
Antral Lavage	52
Removal of polypi	5
Submucous Resection	2
Total	339

Audiometer Survey.

During the year the work of assessing the normality of hearing in certain groups of school children was continued. As before the children selected for test were primarily from "B" and "C" stream classes or were children referred specially for test as apparently handicapped by defective hearing.

The following are the schools dealt with during the year :—

<i>Schools tested</i>	<i>Tests performed at</i>
Grange Park	School.
St. Austin's	Lacey Street Clinic.
Sacred Heart	Albion Street Clinic.
Thatto Heath Primary	School.
St. Patrick's	"
Windle Pilkington	"
Parish Church	"
Holy Cross	"

The findings and results of the tests are summarised as follows :—

(1) Number of children tested	1,053
(2) Number of children found to have hearing loss (parents notified).....	58
(a) Number in (2) for whom consents were obtained for investigation at the clinic	35
(b) Number in (2) stated to prefer treatment by private doctor	11
(c) Number in (2) who failed to respond to notification	12

The following table shows the causes of deafness in those children referred for further investigation and treatment at the School Clinic, and the results of treatment carried out.

Cause of Deafness	Number showing deafness on 1st test by Audiometer	TREATED.				Awaiting or under-going further treatment	Failed to complete treatment
		Number Treated	Result on Audiometer Retest				
			Deaf-ness cured	Im-proved	Not im-proved		
Enlarged Tonsils	18	18	6	4	1 (Perm. deaf)	3	4
Otitis Media (Middle Ear Disease)	8	8	—	1	2 (Perm. deaf)	4	1
Deafness following Mastoidectomy	1	1	—	—	—	—	—
Chronic Infection of Nasal Sinuses	8	8	2	1	—	4	1

DENTAL INSPECTION AND TREATMENT

I am indebted to Mr. V. Higham, Senior Dental Surgeon, for the following notes on the work done by the School Dental Department, details of which are given in Table V.

During the year a vacancy on the dental staff which had existed for some months was filled, thus bringing the dental staff to full complement. There was, therefore, an increase in the work done as compared with the previous year.

Of 17,112 children examined, 7,855 (45.9%) were referred for treatment. 4,689 (59.69%) received treatment during the year, and of these 4,008 completed their treatment.

38 orthodontic appliances for the regulation of teeth were supplied during 1948, as compared with 42 in 1947. The difficulty of obtaining special orthodontic treatment at the Dental Hospitals still persisted owing to the extensive demand on their services. 6 children were referred to Liverpool Dental Hospital during the year.

Treatment was given at the Open-Air School twice during the year. At the first inspection 115 children were examined, and 33 were referred for treatment, 31 of whom were treated. At the second inspection 114 were examined; 24 required treatment, of whom 21 were treated.

FOLLOWING-UP AND WORK OF SCHOOL HEALTH VISITORS

The following figures show the work carried out by the School Health Visitors during the year.

1. Number of visits to schools for general supervisory purposes and for medical and verminous inspections	3,837
2. Number of examinations of children for cleanliness	48,739
3. Number of visits paid to the homes of children in following up defects, investigating cases of infectious disease, investigating cases referred by the School Attendance Department, &c.....	1,407

The number of visits by School Health Visitors to schools and homes maintained a high level. Co-incident with the decrease in the incidence of verminous infestation among school-children, the number of examinations for cleanliness was slightly reduced. During the year, also, the whole-time work of a general trained nurse attached to the School Health Service was devoted entirely to verminous inspection in schools, in order to assist the Health Visitors in the conduct of this routine work.

In addition to the work of the School Health Visitors, special nurses are wholly engaged in treatment work at the Central School Clinic and District Minor Ailments Clinics.

INFECTIOUS DISEASES.

The number of cases of the principal infectious diseases occurring amongst children attending school is shown in the following table, which also gives the corresponding figures since 1944.

	1944	1945	1946	1947	1948
Scarlet Fever	466	413	303	193	212
Diphtheria	20	16	23	17	8
Measles	928	214	228	536	616
German Measles	193	23	306	11	6
Whooping Cough	145	49	212	65	153
Chicken Pox	211	209	185	154	327
Mumps	553	42	6	465	235

During the year, the incidence of infectious diseases in school children occurred mainly in the categories of Scarlet Fever and Measles. The number of cases of Scarlet Fever was not markedly high, but the incidence of occurrence was uniform throughout the year. The number of cases of measles was slightly higher than in 1947 and was the highest on record since 1944.

The number of cases of Diphtheria among school children was the lowest ever recorded and is ample testimony to the success of the Diphtheria Immunisation sessions in schools. Routine sessions for the immunisation of school children were conducted during the year by Medical Officers in the schools and it is estimated that the percentage of immunised school children is now 79.2%.

HANDICAPPED CHILDREN.

Under the Handicapped Pupils and Medical Services Regulations, 1945, there are defined "the several categories of pupils requiring special educational treatment for their primary and secondary education" and for purposes of special educational treatment these children are sub-divided into the following categories :

- (a) Blind Pupils.
- (b) Partially Sighted Pupils.
- (c) Deaf Pupils.
- (d) Partially Deaf Pupils.
- (e) Delicate Pupils.
- (f) Diabetic Pupils.
- (g) Educationally Sub-Normal Pupils.
- (h) Epileptic Pupils.
- (i) Maladjusted Pupils.
- (j) Physically Handicapped Pupils.
- (k) Pupils suffering from Speech Defect.

The following section of the Report deals with the various categories of handicapped children in the area. The number of these children is given in detail in Table III. In the category of Physically Defective children it has been found convenient to comment also in this section on certain types of children not falling within the definition of Handicapped Children, but suffering to some degree from established defects, which, though not preventing their education in ordinary schools, interfere to some extent with a normal mode of life.

Blind Pupils.

There are at present 4 blind children in St. Helens and all are attending Certified Residential Schools for the Blind. There are also 2 girls and 1 boy over school age receiving vocational training in Special Schools for the Blind. The girls are being trained in machine knitting and the boy in brush making.

Partially Sighted Pupils.

There are four St. Helens children attending partially sighted classes in Certified Residential Schools for the Blind, two of whom were admitted during the year.

Deaf Pupils.

During the year 1 deaf child was ascertained and was admitted to a Special Residential School. The total number of children maintained at Certified Schools for the Deaf is now 17.

Partially Deaf Pupils.

No children were ascertained during the year with defective hearing of such degree as to require special education in a school for the partially deaf.

Delicate Pupils.

During the year, the 120 places available at the Hamblett Open-Air Council School for the education of delicate children were fully utilised. The work of physical rehabilitation carried out by this school is invaluable in the treatment of the debilitating after-effects of childhood illnesses. It is a question for future policy whether there should be not an increased number of places in this school.

At the beginning of the year there were 120 children on the register. During the year 66 new cases were admitted and 63 children were discharged. At the end of the year there were 123 on the school roll. The condition of the children on discharge was as follows :—

Considered fit to return to previous schools	53
Over school leaving age	3
Discharged at parents' request	4
Discharged as unsatisfactory	1
Transferred to Hospital School	1
Left District	1

Diabetic Pupils.

During 1948 no children suffering from Diabetes came within the definition of handicapped pupils.

Educationally Sub-Normal Pupils.

During 1948, 7 ineducable mentally defective children (4 boys and 3 girls) were notified to the Mental Health Authority.

During the year a new departure was made in the provision of treatment for this class of children by the opening of a 60-place day school in Windlehurst Mansion, the new school being called the Hurst Special School. For many months prior to the opening of the school in September, a great deal of work was carried out by the Educational Psychologist and Assistant School Medical Officers in the ascertainment and grading of children considered as suitable for this school.

The school was opened on a 60-place 3-class basis and admission in the first instance was confined to children between the chronological ages of 8 and 12 years with an intelligence ratio between 50 and 75. This rather wide range of qualification for entry was found to have its difficulties especially in relation to class grading in the 3 available classes, and towards the end of the year it was decided, in the light of practical experience obtained to discuss further with the Ministry amendment of the categories of chronological and intelligence ranges qualifying for entry. At the end of 1948, 52 places in the school (29 boys and 23 girls) had been filled.

There are also 6 St. Helens children attending residential special schools for educationally sub-normal children.

Epileptic Pupils.

During the year 3 epileptic pupils were attending Maghull Epileptic Colony.

Maladjusted Pupils.

During 1948 it was found possible to slightly expand the work of the Child Guidance Clinic, which had been opened on a very restricted basis towards the end of 1947. The outstanding difficulty in the conduct of this clinic is, however, the lack of suitable non-medical staff. The position was improved somewhat during the year by the appointment of an Educational Psychologist who devotes approximately 4 sessions per week to child guidance, but the very limited services of a Psychiatric Social Worker which it has been possible to obtain is a serious handicap, and a great deal of work in the way of home visits and advisory talks with parents is unaccomplished. During the year the Consultant Psychiatrist with the assistance of the Educational Psychologist and Social Worker conducted 4 sessions weekly at the Clinic.

The following figures show the work undertaken during the year, and it is a tribute to the enthusiasm of the staff that the work accomplished showed a constant expansion with success in several outstanding cases.

Number of cases under treatment at		
1st January, 1948		11
Number of cases referred during 1948.....	38	
Parents or child unco-operative	7	
Cases for diagnosis only	7	
	————14	
Cases receiving treatment		24
		—
Total number of cases treated during 1948.....		35
		==
Disposal of cases.		
Satisfactory adjustment	4	
Sent to Approved School	2	
Placed under care of Local Education Authority	1	
Cases remaining under treatment on 31st December, 1948	28	
	————35	
		==

A record of the work of the Consultant Psychiatrist and Educational Psychologist is shown below :—

Consultant Psychiatrist.

Supervision Playroom attendances (children)	584
Individual Interviews (children)	185
Initial Interviews (children)	38
	————223
Interviews with Parents	107
Initial Interviews	38
	————145

An indication of the general increase in playroom attendances and inter-views is given below :—

1948	Playroom Attendances	Individual Interviews	Interviews with parents
January	—	—	—
February	26	9	—
March	50	4	1
April	45	4	1
May	38	7	1
June	68	24	11
July	44	20	9
August	32	13	7
September	78	32	19
October	63	20	19
November	81	26	18
December.....	59	26	21
Totals	584	185	107

Educational Psychologist.

Individual Treatment—Psychological Tests :					
Terman Merrill, Mosaic		.....	.....	.....	38
Rorschach		.....	.....	.....	7
Educational Tests		.....	.....	.....	38
Performance Tests		.....	.....	.....	6
					—
					89
					—

At the end of the year an interesting comment on the type of cases undergoing treatment at the Clinic was made by the Consultant Psychiatrist as follows :—

“Of the total of 35 cases treated, 7 were referred because of backwardness at school, in spite of average intelligence. All, however, had personality or behaviour disorders, and anxiety was present in four.

In addition 3 others were referred for personality disorders and were found to be backward at school. One suffered from a hearing defect, and two had a speech difficulty.

4 further cases showed acute anxiety, leading to enuresis, truanting and delinquency, consequent upon failure to reach the standards at school, set either by the parents or the teacher.

The remaining 21 cases showed no serious educational difficulty.”

It would appear, therefore, that in the main maladjustment to school environment was not a marked feature amongst the cases referred for advice and treatment.

Physically Handicapped Pupils.

(A) Children with Crippling and other Orthopaedic Defects.

There were during 1943, 23 children in St. Helens who by reason of disease or crippling defect could not be satisfactorily educated in an ordinary school. 19 of these were at Special schools, and 4 were at no school or institution.

There were in the Borough, however, many other children with lesser degrees of crippling, not of such a degree as to prevent their satisfactory education in ordinary schools. These cases attended the Orthopaedic Clinic in the Albion Street Centre, and were under the supervision of the Consultant Orthopaedic Surgeon while the Orthopaedic Nurse carried out the appropriate inter-current treatments. The following statement gives the number and types of cases on the register of the Orthopaedic Clinic during the year.

Tuberculosis	.....	.....	.....	.....	30	Perthes Disease	.....	.....	.....	.....	3
Intoeing Feet.	.....	.....	.....	.....	13	Amputation	.....	.....	.....	.....	2
Scoliosis	.....	.....	.....	.....	5	Ganglion	.....	.....	.....	.....	5
Flat Feet and Knock Knees	.....	.....	.....	.....	215	Osteo Myelitis	.....	.....	.....	.....	3
Congenital Deformity of Hip	.....	.....	.....	.....	3	Arthritis	.....	.....	.....	.....	3
Poliomyelitis	.....	.....	.....	.....	29	Congenital Deformities :					
Rickets	.....	.....	.....	.....	3	Lower extremity	.....	.....	.....	.....	13
Spastic	.....	.....	.....	.....	15	Upper extremity	.....	.....	.....	.....	17
Postural Defect	.....	.....	.....	.....	51	Miscellaneous.....	.....	.....	.....	.....	19
Hallux Valgus and Hammer Toes	.....	.....	.....	.....	21						—
Fractures and injury	.....	.....	.....	.....	16	Total	.....	.....	.....	.....	466
										—	

The treatment provided for these children involved 766 attendances for consultation or treatment by the Orthopaedic Surgeon, 2,503 attendances for intermediate treatment by the nurse and 203 home visits by the nurse for purposes of supervision. In addition, 25 cases received surgical or other hospital in-patient treatment for an aggregate of 4,392 days.

(B) Tuberculous Children.

At the end of 1948, there were in St. Helens 64 children of school age suffering from Tuberculosis in the following forms :—

Pulmonary	.....	.....	.....	.....	.....	17
Non-pulmonary—						
Bones and joints	.....	.....	.....	.....	.....	22
Peripheral glands	.....	.....	.....	.....	.....	15
Abdominal	.....	.....	.....	.....	.....	5
Skin and others	.....	.....	.....	.....	.....	5
					<hr/>	
Total	.....	.....	.....	.....	.....	64
					<hr/>	

The corresponding figures for 1947 were 10 pulmonary and 51 non-pulmonary cases.

Most of these cases were quiescent but 12 non-pulmonary cases and 4 pulmonary cases were found to require active treatment.

Out-patient treatment for children suffering from tuberculous disease of bones or joints is provided at the Council's Orthopaedic Clinic, where 30 children made 61 attendances to see the Orthopaedic Surgeon, and 125 attendances for supervision by the Orthopaedic Nurse. The latter also paid 102 supervisory home visits during the year. In addition 17 children suffering from tuberculous adenitis made 327 attendances at the Tuberculosis Dispensary for Artificial Sunlight.

During 1948, 26 children spent an aggregate of 2,878 days in Eccleston Hall Sanatorium. These children received tuition at the special school attached to the Sanatorium, the average daily attendance being 10 and the average number of days each child attended 95. In addition 9 children spent an aggregate of 1,971 days in the Leasowe Open Air Hospital for Children.

(C) Children with Cardiac Disabilities and Rheumatic Children.

During 1948 monthly sessions of the Heart and Rheumatism Clinic were conducted by the Consultant Physician, Dr. G. Sanderson.

The Clinic now has a number of cases under recurrent review and new cases are regularly referred for investigation and advice by Assistant School Medical Officers.

During the year 58 new cases were investigated and 41 old cases from previous years were reviewed. Many of these children made 2 or more attendances.

The following table gives details of the cases dealt with during the year:—

History of Rheumatic pains or Arthritis :

(a) With heart affection	11
(b) Without heart affection	2
Established Rheumatic carditis without symptoms of generalised Rheumatism	10
Congenital heart disease	12
Functional heart disease	16
No Rheumatism or heart disease	9
Chorea :	
(a) Old Chorea	5
(b) Indefinite Choreic signs	—
Discharged :	
Requiring no further treatment or observation	34
	—
Total	99
	—

The general work of the Clinic is directed towards investigation of doubtful cases and supervision of cases of minor severity. In all cases a careful grading is carried out in relation to the child's capacity to lead a normal school life. Where necessary, cases of an advanced or potentially serious type are recommended for treatment at Special schools.

There were during the year 4 cases with serious organic heart disease and/or rheumatism in residence at the St. Joseph's Residential Heart Hospital, Rainhill. One other case is so seriously handicapped as to be unable to attend any school.

Pupils Suffering from Speech Defects.

During 1948 it was found impossible to fill the staff vacancy for a Speech Therapist, either on a whole-time or part-time basis.

NURSERY CLASSES.

There are nursery classes for children from 3 years of age and upwards in all the 37 infants' departments of the primary schools of the town.

During 1948 there were 1,353 children under 5 years of age in attendance at these Nursery Classes.

Nursery children up to the age of 5 receive daily Cod Liver Oil and Orange Juice under the Welfare Foods Scheme of the Ministry of Food, and reports from the schools show the great value of the scheme.

SCHOOL MEALS

During 1948 the total number of meals served to school children was 1,809,069, of which 359,721 were provided free. The total number of individual children receiving meals was 9,245. The corresponding figures for 1947 were 1,717,242 meals (335,803 free) provided to 9,064 children.

These numbers show an increase of 7.1% in free meals and an increase of 4.9% in paid meals.

There are now 37 School Canteens in the town.

SCHOOL MILK.

During 1948 free milk was supplied daily to 16,902 individual children.

The milk is delivered in one-third pint bottles, and drinking straws are provided.

Samples of school milk are regularly taken for examination to ensure a high standard of cleanliness.

STATISTICAL TABLES
FOR THE YEAR 1948.

MAINTAINED PRIMARY AND
SECONDARY SCHOOLS

Tables I to VIII.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :							
Entrants	.....	.....	.....	.....	.....	.....	1530
Second Age Group		.....	.....	.....	.....	.....	1606
Third Age Group	.....	.....	.....	.....	.....	.....	1442
Number of other Routine Inspections							—
Total							4578

B—OTHER INSPECTIONS.

Number of Special Inspections	.....	.....	.....	.....	.....	5255
Number of Re-Inspections	.....	.....	.....	.....	.....	9297
Total						14552

TABLE II.

Classification of the Nutrition of Children inspected during the year in the Routine Age Groups.

AGE GROUPS	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly Sub-Normal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
1948									
Entrants	1530	329	21.50	1127	73.66	74	4.84	—	—
Second Age Group	1606	320	19.93	1189	74.03	97	6.04	—	—
Third Age Group	1442	293	20.32	1080	74.89	69	4.79	—	—
Other Routines	—	—	—	—	—	—	—	—	—
TOTAL	4578	942	20.58	3396	74.18	240	5.24	—	—

TABLE III.

Return of Handicapped Children in the Area on the 31st December, 1943.

BLIND CHILDREN

(Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight).

At Special Schools for the Blind	At Primary or Secondary Schools	At other Institutions	At no School or Institution	Total
4	—	—	—	4

PARTIALLY SIGHTED CHILDREN

(Pupils who by reason of defective vision cannot follow the ordinary curriculum without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight).

At Special Schools for the Blind	At Special Schools for the Partially Blind	At Primary or Secondary Schools	At other Institutions	At no School or Institution	Total
4	—	—	—	—	4

DEAF CHILDREN

(Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language).

At Special Schools for the deaf	At Primary or Secondary Schools	At other Institutions	At no School or Institution	Total
17	—	—	—	17

PARTIALLY DEAF CHILDREN

(Pupils whose hearing is so defective that they require for their education special arrangements or facilities but not all the educational methods used for deaf pupils).

At Special Schools for the Deaf	At Special Schools for the Partially Deaf	At Primary or Secondary Schools	At other Institutions	At no School or Institution	Total
1	1	—	—	—	2

DELICATE CHILDREN

(Pupils who by reason of impaired physical condition cannot, without risk to their health, be educated under the normal regime of an ordinary school).

At Special Schools	At Primary or Secondary Schools	At other Institutions	At no School or Institution	Total
123	45	—	—	168

EDUCATIONALLY SUB-NORMAL CHILDREN

(Pupils who, by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education wholly or partly in substitution for the education normally given in ordinary Schools).

At Special Schools	At Primary or Secondary Schools	At other Institutions	At no School or Institution	Total
58	27	—	—	85

EPILEPTIC CHILDREN

(Pupils who by reason of epilepsy cannot be educated in an ordinary school without detriment to the interests of themselves or other pupils and require education in a Special School).

At Special Schools	At Primary or Secondary Schools	At other Institutions	At no School or Institution	Total
3	2	2	2	9

PHYSICALLY HANDICAPPED CHILDREN

(Pupils, not being pupils suffering solely from a defect of sight or hearing, who by reason of disease or crippling defect cannot be satisfactorily educated in an ordinary school or cannot be educated in such a school without detriment to their health or educational development).

(A) CRIPPLED CHILDREN

At Special Schools	At Primary or Secondary Schools	At other Institutions	At no School or Institution	Total
19	—	—	4	23

(B) TUBERCULOUS CHILDREN

(i) Children suffering from Pulmonary Tuberculosis.

At Special Schools	At Primary or Secondary Schools	At other Institutions	At no School or Institution	Total
—	—	2	2	4

(ii) Children suffering from Non-Pulmonary Tuberculosis.

At Special Schools	At Primary or Secondary Schools	At other Institutions	At no School or Institution	Total
—	6	1	—	7

(C) CHILDREN SUFFERING FROM CARDIAC OR RHEUMATIC DISEASE

At Special Schools	At Primary or Secondary Schools	At other Institutions	At no School or Institution	Total
4	—	—	1	5

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

(Children suffering from any combination of the following types of defect:—Blindness (not Partial Blindness), Deafness (not Partial Deafness), Mental Defect, Epilepsy, Active Tuberculosis, Crippling, Heart Disease).

Combination of Defect	At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
Blind, Crippled and Feeble-minded }	—	—	—	1	1
Feeble-minded and Epilepsy.....	1	—	—	—	1
Feeble-minded and Crippled	1	—	—	2	3
Feeble-minded Deaf, Dumb and Epilepsy }	1	—	—	—	1
Total	3	—	—	3	6

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1948.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table VI).

DISEASE OR DEFECT	Number of Defects referred for Treatment	Number of Defects treated, or under treatment, during the year.		
		Under the Authority's Scheme	Otherwise	Total
SKIN—Ringworm, Scalp—				
(i) X-Ray Treatment	6	6	—	6
(ii) Others	33	33	—	33
Ringworm, Body	125	123	2	125
Scabies	102	102	—	102
Impetigo	687	687	—	687
Other skin disease	728	726	1	727
MINOR EYE DEFECTS—				
(External and other, but excluding cases falling in Group II)	241	232	5	237
MINOR EAR DEFECTS	119	91	15	106
MISCELLANEOUS—				
(e.g., minor injuries, bruises, sores, chilblains, etc.)	2204	2195	2	2197
TOTAL	4245	4195	25	4220

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

DEFECT OR DISEASE	Number of Defects referred for Treatment	NO. OF DEFECTS DEALT WITH.			
		Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise	Total
Errors of Refraction (including Squint)	1473	1148	54	14	1216
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	41	31	—	1	32
Total	1514	1179	54	15	1248

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme	560
(b) Otherwise	39

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme	371
(b) Otherwise	189

Group III.—Treatment of Defects of Ear, Nose and Throat.

Referred for Treatment	Number of Defects									
	Received Treatment									
	Under the Authority's Scheme in Clinic or Hospital			By Private Practitioner or Hospital Apart from the Authority's Scheme			Total			Total Number Treated
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
722	280	102	91	46	—	—	326	102	91	519

(i) Tonsils and Adenoids.

(ii) Other Defects of Nose and Throat.

(iii) Aural Defects.

Group IV.—Orthopaedic and Postural Defects.

Number of children treated.						Total number treated
Under the Authority's Scheme			Otherwise			
Residential treatment with education	Residential treatment without education	Non- residential treatment at an orthopaedic clinic	Residential treatment with education	Residential treatment without education	Non- residential treatment at an orthopaedic clinic	
9	3	466	—	—	—	478

TABLE V.
Dental Inspection and Treatment.

(1) Number of Children who were :—		(2) Half-days devoted to :—	
(a) Inspected by the Dentist :		Inspection 122 }	
Aged : Routine Age Groups	2— 11	Treatment 1166 } Total 1288	
	3— 235		
	4— 899	(3) Attendances made by children	
	5—1446	for treatment	
	6—1442	8840	
	7—1516	(4) Fillings :—	
	8—1534	Permanent teeth 2444 }	
	9—1638	Temporary teeth 92 } Total 2536	
	10—1636	(5) Extractions :—	
	11—1538	Permanent teeth 1621 }	
	12—1522	Temporary teeth 7393 } Total 9014	
	13—1533	(6) Administrations of general	
	14—1465	anaesthetics for extractions	
	15— 384	2923	
	16— 175	(7) Other Operations :—	
	17— 86	Permanent teeth 1263 }	
	18— 26	Temporary teeth 17 } Total 1280	
Specials	44		
Grand Total		17112	
(b) Found to require treatment		7855	
(c) Actually treated		4689	

Note :—In addition to the above inspections, 1,232 children were re-inspected during the year.

TABLE VI.
Uncleanliness and Verminous Conditions.

(i)	Average number of visits per school made during the year by the School Nurses	48
(ii)	Total number of examinations of children in the Schools by School Nurses	48739
(iii)	Number of instances of uncleanliness	6564
(iv)	Number of children cleansed under arrangements made by the Local Education Authority	
	(a) Compulsorily	—
	(b) Voluntarily	87
(v)	Number of children cleansed under provisions of the Scabies Order, 1941	100
(vi)	Number of cases in which legal proceedings were taken :	
	(a) Under the Education Acts, 1921 and 1944	—
	(b) Under School Attendance Byelaws	—

TABLE VII.
Summary of Treatment of Defects.

DISEASE OR DEFECT	NUMBER OF DEFECTS			
	Referred for Treatment	TREATED		
		Under local Education Authority's Scheme	Otherwise	Total
Minor Ailments	4245	4195	25	4220
Visual Defects	1514	1179	69	1248
Defects of Ear, Nose and Throat	722	473	46	519
Dental Defects	7855	4689	194	4883
Other Defects	1284	1045	54	1099
Total	15620	11581	388	11969

TABLE VIII.

1948 NUTRITION SURVEY.

SCHOOL	No. on Roll	No. Exam- ined	Total Mal- nour- ished	Per- cent- age	YEAR OF BIRTH														
					45	44	43	42	41	40	39	38	37	36	35	34	33	32	31
Marshalls Cross	66	61	8	16.06	-	-	5	3	-	-	-	-	-	-	-	-	-	-	-
Peasley Cross C.E.	78	77	12	15.52	2	-	2	2	6	-	-	-	-	-	-	-	-	-	-
Sacred Heart	669	555	66	11.89	-	-	-	7	-	-	9	10	12	13	6	7	2	-	-
Windleshaw R.C.	363	346	39	11.27	-	-	1	2	4	3	7	5	6	4	2	5	-	-	-
Grange Park	486	446	50	11.21	-	-	-	-	-	-	-	-	-	10	10	15	15	-	-
Parr Central	610	571	63	11.03	-	-	-	-	-	-	-	-	-	15	25	11	12	-	-
Sutton Manor C.	263	233	24	10.30	-	1	1	2	1	2	4	8	4	1	-	-	-	-	-
Gerard R.C.	109	98	10	10.20	-	-	3	2	5	-	-	-	-	-	-	-	-	-	-
Allanson Street	625	580	59	10.17	-	-	1	3	5	12	15	14	8	1	-	-	-	-	-
Robins Lane	1151	1053	105	9.95	-	2	7	9	3	7	6	21	10	11	15	7	7	-	-
Rivington Road	918	825	80	9.67	-	-	4	2	3	5	4	-	-	12	27	13	10	-	-
St. Patrick's	160	150	14	9.33	-	2	3	-	2	2	-	1	2	1	-	1	-	-	-
Lowe House	307	283	26	9.19	-	-	-	-	-	-	-	-	-	7	4	9	6	-	-
Parr Flat	250	243	21	8.64	-	-	2	1	-	4	4	6	4	-	-	-	-	-	-
Windle Pilkington	484	418	35	8.13	-	-	3	2	1	1	5	16	7	-	-	-	-	-	-
St. Matthew's	334	298	22	7.38	-	3	2	2	2	1	5	2	3	2	-	-	-	-	-
Windlehurst	308	273	20	7.33	-	-	-	-	5	3	6	3	2	1	-	-	-	-	-
Central M. Boys	266	250	18	7.20	-	-	-	-	-	-	-	-	-	2	4	6	6	-	-
Holy Cross	890	818	58	7.09	2	2	5	3	-	3	8	10	5	6	7	5	2	-	-
St. Austin's R.C.	599	541	38	7.02	-	-	1	4	1	6	7	4	4	3	3	1	4	-	-
Knowsley Road	584	512	35	6.71	-	-	1	3	1	7	6	9	4	4	-	-	-	-	-
St. Vincent's	460	405	27	6.66	-	-	1	2	1	3	1	3	8	2	3	2	1	-	-
Blackbrook R.C.	524	487	31	6.36	-	1	4	1	-	5	2	6	4	2	4	1	1	-	-
Sutton St. Joseph's	472	411	26	6.33	-	-	-	-	-	1	5	4	2	4	6	3	1	-	-
St. Teresa's	537	497	31	6.24	-	-	1	1	2	2	4	2	4	6	3	5	1	-	-
Windle C.E.	367	337	21	6.23	-	1	-	3	3	4	3	6	1	-	-	-	-	-	-
St. Theresa's R.C.	287	262	16	6.11	-	1	-	3	1	-	2	1	2	-	3	-	3	-	-
Thatto Heath C.	339	296	18	6.08	-	1	2	-	-	2	4	3	3	3	-	-	-	-	-
St. Mary's C.E.	196	185	11	5.95	-	-	-	-	-	-	-	-	-	3	4	2	2	-	-
York Street	95	68	4	5.88	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-
St. Anne's R.C.	491	460	25	5.43	-	-	-	-	-	1	2	4	3	5	5	4	1	-	-
Parish Church	424	381	19	4.98	-	-	1	2	3	3	3	4	2	1	-	-	-	-	-
Nutgrove	191	186	8	4.30	-	-	-	-	-	2	4	2	-	-	-	-	-	-	-
Cowley Girls	631	586	25	4.26	-	-	-	-	-	-	-	-	-	2	8	8	3	3	1
Sutton C.E.	455	407	17	4.17	-	-	1	4	1	4	-	1	4	1	1	-	-	-	-
Central M. Girls	335	309	10	3.24	-	-	-	-	-	-	-	-	-	3	3	2	-	2	-
Parr St. Joseph's	161	143	4	2.79	-	-	2	1	1	-	-	-	-	-	-	-	-	-	-
Laffak	121	111	3	2.70	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-
Cowley Boys	507	479	11	2.30	-	-	-	-	-	-	-	-	-	4	3	3	1	-	-
TOTALS	16113	14641	1110	7.67	4	14	53	69	52	84	116	145	104	129	143	110	78	5	1

(As figures are not available for a number of schools, the above table is not complete).

APPENDIX

TRANSFER OF SPECIALIST CLINIC SERVICES TO THE REGIONAL HOSPITAL BOARD.

Ministry of Education Circulars 179, 294 and 303.

(REPORT OF MEDICAL OFFICER OF HEALTH TO SPECIAL SERVICES SUB-COMMITTEE—7th DECEMBER, 1948).

At a special meeting of the Special Services Sub-Committee on 24/8/1948, the receipt of Ministry of Education Circular 179 was reported. This Circular pointed out that it is now the responsibility of Regional Hospital Boards to provide all consultant and specialist services in their area, and discussed in some detail the future of any such specialist services provided by Local Education Authorities. In regard to any such services at present being provided at hospitals and clinics transferred to the Regional Hospital Board, the Regional Hospital Board has now taken over responsibility for these Services. In regard, however, to specialist clinics now being carried out at school clinics by specialists in the employ of Local Education Authorities the Minister of Health suggested that Local Education Authorities should consult the Regional Hospital Board to decide as to which of these clinics should be transferred to that Board.

This Committee authorised the Director of Education and the School Medical Officer to enter into discussions with the Regional Hospital Board regarding the future of the specialist clinics now under the control of this Authority. These discussions have now taken place, and the following is a general summary of the conclusions arrived at. It might be noted here that there is no suggestion at present at least that there be any alteration in the administration of either the Minor Ailment Clinic or the Dental Clinic.

Specialist Treatment Clinics under Consideration.

The Local Authority provides six specialist treatment clinics which were reviewed in the discussions :—

- (1) Ophthalmic Clinic,
- (2) Ear, Nose and Throat Clinic,
- (3) Orthopaedic Clinic,
- (4) Heart and Rheumatism Clinic,
- (5) Ringworm Clinic,
- (6) Child Guidance Clinic.

At the outset it was agreed that certain of these clinics did not come strictly within the province of specialist services which would normally be supplied by the Regional Hospital Board. This was particularly so in the case of the Child Guidance Clinic, which was considered to be purely a matter lying within the sphere of the Education Authority. In the case of the Heart and Rheumatism Clinic the work of this Clinic is particularly focused on the health of the child in relation to his school work and environment, and so it was also considered that this might remain a service purely related to the education sphere. In the case of the Ringworm Clinic it was also considered that this might be regarded as an extension of minor ailment clinic treatments, and as previously mentioned, minor ailment clinics are, under Circular 179, definitely considered to be a service which should be supplied by the Local Education Authority and not by the Regional Hospital Board. The discussion, therefore, centred around the three remaining clinics, namely, the Ophthalmic Clinic, the Ear, Nose and Throat Clinic and the Orthopaedic Clinic.

Advantages to be obtained by transfer of these Clinics to the Regional Hospital Board.

(1) Payment for the Professional Staff of these clinics, i.e., Consultant Surgeon and Specialist Nurse would be undertaken by the Regional Hospital Board.

(2) Payment for the provision of appliances furnished at these Clinics, c.g., spectacles in the case of the Ophthalmic Clinic or orthopaedic appliances in the case of Orthopaedic Clinic, would also be undertaken by the Regional Hospital Board.

Disadvantages arising from transfer of these Clinics to the Regional Hospital Board.

The chief disadvantage arising from the transfer of these clinics to the Regional Hospital Board is the fact that the Local Education Authority will lose all control in the administration of, and treatment at, these clinics. The School Health Service has been established for many years, and its experience and knowledge is directed towards the remedying of defects in the child which bear directly on the life of the child in relation to his or her educational sphere. This is an

extremely important factor in the treatment of child defects. It is doubtful whether this specialist type of provision can be provided at the present moment by the Regional Hospital Board although, in the future development of their services, arrangements may be made for it.

Discussions in relation to individual clinics.

(1) Ophthalmic Clinic.

At the present moment the Local Education Authority pay a sessional fee to the Ophthalmic Surgeon at the rate of £5/5/- per session. These sessions include not only the prescribing of spectacles as required, but also the routine re-examination of children for whom spectacles are prescribed and for cases whom the Ophthalmic Surgeon wishes to keep under observation. Under arrangements indicated in Ministry of Education Circulars 294 and 303 the spectacles are supplied through the Local Executive Council free of charge to the child and to the Local Education Authority, and the Local Executive Council reimburse the Local Education Authority at the rate of 12/6 for each child refracted at our Clinic.

In the case of the Ophthalmic Clinic, therefore, it is suggested that it be continued by the Local Education Authority on the lines indicated above. In so far that the Local Education Authority will not in future have to bear the cost of the spectacles, and that they will receive 12/6 for each child refracted the costs to the Local Authority of running this clinic are reduced, but the Clinic still remains under their direct control. At some future date the Regional Hospital Board may be in a position to offer an adequate and equal Service and the matter could be reconsidered then.

(2) Ear, Nose and Throat Clinic.

At the present moment one specialist session per week is held at the Central Clinic, Cloughton Street, and one operative session per week is held at the St. Helens Hospital. We have been informed that the cost of the operative sessions at the hospital will now be borne by the Regional Hospital Board. That means that the only financial cost to the Local Authority if they wish to continue to run their own Ear, Nose and Throat Clinic would be the payment of the specialist's fee of £5/5/- per session. This Clinic is one of the Local Authority's specialist services which is of the greatest benefit to the school child, and it is considered that the Clinic should be retained and should work as it is at the moment, under the control of the Local Authority.

(3) Orthopaedic Clinic.

At the present moment the Local Education Authority pay for the services of a Consultant Orthopaedic Surgeon, who attends two sessions per month, at the rate of £5/5/- per session. The Local Authority also provide orthopaedic appliances such as splints, etc. We have been informed that negotiations are at present going on so as to allow that orthopaedic appliances ordered for school children at the Orthopaedic Clinic, be paid for by the Regional Hospital Board. This would mean that the only financial commitments remaining to the Local Authority would be the payment of the Orthopaedic Surgeon's fees.

One other important factor of the Orthopaedic Service must be stressed. Much of the work done at the clinic consists of medical gymnastics and exercises

given not only for the treatment of postural defects already existing but also directed towards the prevention of these defects occurring in children of less than normal physique. This preventive work could not be considered as part of the services which would be provided by the Regional Hospital Board, but for the sake of the children in the area it would be necessary to continue this as a Local Authority Service even if the other work of the clinic was transferred.

In the light of the above factors, therefore, it is considered that the Orthopaedic Clinic should remain under the control of the Local Authority.

Summary.

(1) Three clinics, namely, Heart and Rheumatism Clinic, Ringworm Clinic and Child Guidance Clinic, are not considered suitable for transfer to the Regional Board, and should remain under the Local Authority.

(2) Three clinics, Ophthalmic Clinic, Ear, Nose and Throat Clinic and Orthopaedic Clinic were considered in the light of transfer to the Hospital Board. In the case of these three clinics it has been shown that the Local Authority can continue to run them, but that certain expenditure can be offset to the Regional Hospital Board or to the Local Executive Council for the provision of appliances or hospital treatment.

(3) In the light of the above facts I would suggest that the Ophthalmic Clinic, the Ear, Nose and Throat Clinic and the Orthopaedic Clinic remain under the control of the Local Education Authority for the present at least. As time goes on the position can be reviewed, and I think of necessity must be reviewed. As the services of the Regional Hospital Board develop it may be possible that these clinics can later come under their control, without the disadvantages that I have indicated above, and I would suggest, therefore, that the position might be reviewed in, say, 12 months' time.

Medical Officer of Health's Department,
Town Hall, St. Helens.

6th December, 1948.

